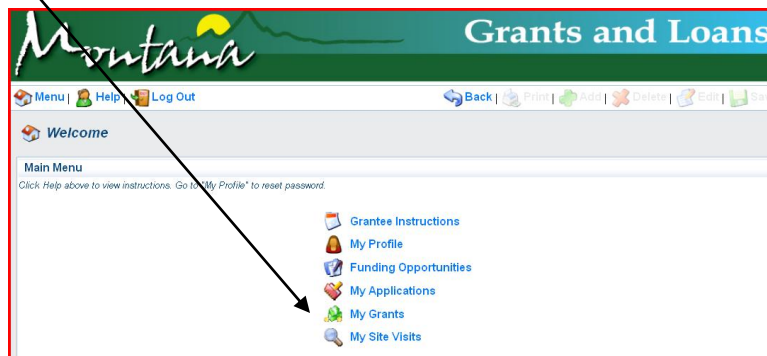


# Montana Department of Agriculture Noxious Weed Trust Fund Claim Requests through WebGrants

Noxious Weed Trust Fund (NWTF) grant projects that were approved for funding after the 2012 grant hearings will be able to submit reimbursement claims online through the WebGrants system. Please use the following instructions to request reimbursements.

- Login to WebGrants at [www.fundingmt.org](http://www.fundingmt.org)
- Go to "My Grants"



Click on the name of the grant (in blue) that requires reimbursement.

Grant Tracking						
Current Grants						
Grants with the status Underway or Suspended appear on this list. To view other Grants, click closed Grants link.						
ID	Status	Year	Name	Program Area	Grant Amount	
test-334	Underway	2012	A-1 new LC *	AGR Noxious Weed Trust Fund	\$5,425.00	
old test	Underway	2012	CB Weed Eradication Project	AGR Noxious Weed Trust Fund	\$1,000.00	
test-060	Underway	2012	A-1 continuing LC #2 Project	AGR Noxious Weed Trust Fund	\$703.13	
test-800	Underway	2012	TEST Whitehall Biological Weed Control Project	AGR Noxious Weed Trust Fund	\$8,300.00	
test-920	Underway	2012	TEST Ringling WMA	AGR Noxious Weed Trust Fund	\$35,940.00	
March TEST 1	Underway	2012	March TEST Beck Hill LC-NEW	AGR Noxious Weed Trust Fund	\$7,992.14	
March TEST 2	Underway	2012	March TEST Ringling LC-NEW	AGR Noxious Weed Trust Fund	\$35,940.00	
March TEST 3	Underway	2012	March TEST Bridger LC-NEW	AGR Noxious Weed Trust Fund	\$32,971.64	
March TEST 4	Underway	2012	March TEST 4 Highlander LC-NEW	AGR Noxious Weed Trust Fund	\$32,971.64	
test-900	Underway	2012	TEST Jan. 23 Research by JJ	AGR Noxious Weed Trust Fund	\$40,000.00	
2011-777	Underway	2011	Establish Craig Honey Inc.	AGR Noxious Weed Trust Fund	\$5,287.00	
2011-002	Underway	2011	Dave test 1	AGR Noxious Weed Trust Fund	\$1,900.00	
test-008	Underway	2011	TEST 12/12/11 reveg project	AGR Noxious Weed Trust Fund	\$12,500.00	
Total					\$220,930.55	

Click on the "Claims" Grant Component.

Grant Tracking		
Grant: March TEST 4 - March TEST 4 Highlander LC-NEW - 2012		
Status: Underway		
Program Area: AGR Noxious Weed Trust Fund		
Grantee Organization: Carol B		
Program Officer: Kim Johnson		
Awarded Amount: \$32,971.64		
Grant Components		
Component	Last Edited	
General Information	03/14/2012	
Contract Documents	03/14/2012	
Status Reports		
Claims		
Budget	03/14/2012	
Herbicide Worksheet	03/14/2012	
Revegetation Worksheet	03/14/2012	
Activities/Education Timeline	03/14/2012	
Contract Amendments		
Correspondence		
Encumbrances		
Opportunity		
Application		

This screen will appear. Click “Add” to start the claim process.

**Montana Grants and Loans**

Menu | Help | Log Out | Back | Print | **Add** | Delete | Edit | Save

**Grant Tracking**

Grant: March TEST 4 - March TEST 4 Highlander LC-NEW - 2012

Status: Underway

Program Area: AGR Noxious Weed Trust Fund

Grantee Organization: Carol B

Program Officer: Kim Johnson

Awarded Amount: \$32,971.64

ID	Status	Date Submitted	Date Paid	Date From-To	Claim Amount	
					Submitted Amount	\$0.00
					Approved Amount	\$0.00
					Paid Total	\$0.00
					Total	\$0.00

Return to Components

Last Edited By:

In the “Report Period” (from and to) boxes, click on the calendar icons to enter the time period covered by this claim. Select “Reimbursement” from the “Claim Type” dropdown list. If this is the last claim that will be submitted for the grant, check the box next to “Final Request”. Click “Save” when completed.

**Montana Grants and Loans**

Menu | Help | Log Out | Back | Print | Add | Delete | Edit | **Save**

**Grant Tracking**

**Claim Instructions**

**Instructions:** Please enter the period you are requesting funds for, Category, if applicable, and Claim Type (payment or reimbursement). Once these fields have been completed, click on “Save” and “Return to Components” to view and complete the other form(s) required to complete your request for payment.

**Reporting Period**

**Report Period:** [From] [to]

**Claim Type:** Reimbursement

**Final Request?** ☐

This screen will appear. Click “Return to Components”.

**Montana Grants and Loans**

Menu | Help | Log Out | Back | Print | Add | Delete | Edit | Save

**Grant Tracking**

Claim: March TEST 4 - 001

Grant: March TEST 4-March TEST 4 Highlander LC-NEW

Status: Editing

Program Area: AGR Noxious Weed Trust Fund

Grantee Organization: Carol B

Program Manager: Kim Johnson

**Reporting Period**

Report Period: 05/01/2012 to 05/31/2012

Claim Type: 0

Final Request?

**Return to Components**

In Components, click on “Reimbursement”.

Claim: March TEST 4 - 001
Grant Components

Grant: March TEST 4-March TEST 4 Highlander LC-NEW  
Status: Editing  
Program Area: AGR Noxious Weed Trust Fund  
Grantee Organization: Carol B  
Program Manager: Kim Johnson

**Instructions**  
Please enter the period you are requesting funds for, Category, if applicable, and Claim Type (payment or reimbursement). Once these fields have been completed, click on "Save" and "Return to Components" to view and complete the other form(s) required to complete your request for payment.

**Components**
Preview | Submit

Name	Complete?	Last Edited
General Information	✓	05/17/2012
Reimbursement		

The “Contract Budget” is shown on the reimbursement screen.

In the “Expenses This Period” column, enter the amounts you are requesting in the appropriate budget categories. Enter the “Match Expenses This Period” amounts in the appropriate budget categories. Click “Save”

Reimbursement						
Budget Category	Contract Budget	Expenses This Period	Prior Expenses (Paid)	Contract Match	Match Expenses This Period	Prior Match Expenses
<b>Budget</b>						
Communications	\$0.00	\$0.00	\$0.00	\$150.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00	\$112.00	\$0.00	\$0.00
Other Expenses	\$0.00	\$0.00	\$0.00	\$150.00	\$0.00	\$0.00
Contracted Services - Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supplies & Materials - Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Contracted Services - Herbicide</b>						
Contracted Services - Herbicide	\$32,120.39	\$0.00	\$0.00	\$32,120.39	\$0.00	\$0.00
<b>Supplies &amp; Materials - Herbicide</b>						
Supplies & Materials - Herbicide	\$851.25	\$0.00	\$0.00	\$851.25	\$0.00	\$0.00

An updated screen will appear with totals and available balances. Review the amounts.

Reimbursement												Mark as Complete   Go to Claim Forms
Budget Category	Contract Budget	Expenses This Period	Prior Expenses (Paid)	Total Paid	Available Balance (Unpaid)	Contract Match	Match Expenses This Period	Prior Match Expenses	Total Match	Remaining Match Requirement	Match Percentage	
<b>Budget</b>												
Communications	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$150.00	\$0.00	\$0.00	\$0.00	\$150.00	--	
Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$112.00	\$0.00	\$0.00	\$0.00	\$112.00	--	
Other Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$150.00	\$0.00	\$0.00	\$0.00	\$150.00	--	
Contracted Services - Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	--	
Supplies & Materials - Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	--	
<b>Contracted Services - Herbicide</b>												
Contracted Services - Herbicide	\$32,120.39	\$1,500.00	\$0.00	\$1,500.00	\$30,620.39	\$32,120.39	\$1,500.00	\$0.00	\$1,500.00	\$30,620.39	50.00%	
<b>Supplies &amp; Materials - Herbicide</b>												
Supplies & Materials - Herbicide	\$851.25	\$0.00	\$0.00	\$0.00	\$851.25	\$851.25	\$0.00	\$0.00	\$0.00	\$851.25	--	
<b>Total:</b>	<b>\$32,971.64</b>	<b>\$1,500.00</b>	<b>\$0.00</b>	<b>\$1,500.00</b>	<b>\$31,471.64</b>	<b>\$33,383.64</b>	<b>\$1,500.00</b>	<b>\$0.00</b>	<b>\$1,500.00</b>	<b>\$31,883.64</b>	<b>50.00%</b>	

If you need to make any changes to the claim, click “Edit” at the top of the screen.  
If the claim is correct click “Mark as Complete”.

Menu | Help | Log Out | Back | Print | Add | Delete | **Edit** | Save

**Grant Tracking**

Claim: March TEST 4 - 001 Grant Components

Grant: **March TEST 4-March TEST 4 Highlander LC-NEW**

Status: Editing

Program Area: AGR Noxious Weed Trust Fund

Grantee Organization: Carol B

Program Manager: Kim Johnson

---

**Instructions**

Click "Edit" (at top), then enter the grant fund dollar amount requested this period for reimbursement in budgeted categories. Enter the match expense amounts for this payment period. Click "Save" when completed. Click "Mark as Complete" and then select "Submit".

NOTE: The budgeted amount for each category is shown in the "Contract Budget" column. This amount cannot be exceeded by more than 10% per line item unless a Contract Amendment is submitted to request a revised budget.

---

**Reimbursement** **Mark as Complete** | Go to Claim Forms

Budget Category	Contract Budget	Expenses This Period	Prior Expenses (Paid)	Total Paid	Available Balance (Unpaid)	Contract Match	Match Expenses This Period	Prior Match Expenses	Total Match	Remaining Match Requirement	Match Percentage
<b>Budget</b>											
Communications	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$150.00	\$0.00	\$0.00	\$0.00	\$150.00	--
Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$112.00	\$0.00	\$0.00	\$0.00	\$112.00	--
Other Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$150.00	\$0.00	\$0.00	\$0.00	\$150.00	--
Contracted Services - Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	--
Supplies & Materials - Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	--
<b>Contracted Services - Herbicide</b>											
Contracted Services - Herbicide	\$32,120.39	\$1,500.00	\$0.00	\$1,500.00	\$30,620.39	\$32,120.39	\$1,500.00	\$0.00	\$1,500.00	\$30,620.39	50.00%
<b>Supplies &amp; Materials - Herbicide</b>											
Supplies & Materials - Herbicide	\$851.25	\$0.00	\$0.00	\$0.00	\$851.25	\$851.25	\$0.00	\$0.00	\$0.00	\$851.25	--
<b>Total:</b>	<b>\$32,971.64</b>	<b>\$1,500.00</b>	<b>\$0.00</b>	<b>\$1,500.00</b>	<b>\$31,471.64</b>	<b>\$33,383.64</b>	<b>\$1,500.00</b>	<b>\$0.00</b>	<b>\$1,500.00</b>	<b>\$31,883.64</b>	<b>50.00%</b>

In the Claim components, click on Claim Receipt Documentation.

**Components** Preview | Submit

Complete each component of the Claim and mark it as complete. Click Submit when you are done.

Name	Complete?	Last Edited
General Information	✓	07/09/2013
Reimbursement	✓	07/09/2013
<b>Claim Receipt Documentation</b>		

Click Add.

Menu | Help | Log Out | Back | Print | **Add** | Delete | Edit | Save

**Grant Tracking**

Claim: TEST FY13 - 002 Grant Components

Grant: **TEST FY13 -TEST Local Coop-Continuing FY13**

Status: Editing

Program Area: AGR Noxious Weed Trust Fund

Grantee Organization: Kim's Org Group

Program Manager: Kim Antonick

---

**Claim Receipt Documentation** **Mark as Complete** | Go to Claim Forms

**Attach Scanned Invoices:**

Herbicide and commercial applicator receipts, salary records, and all other expenditures that you are requesting for reimbursement. To attach the documentation click on "Add" at the top.

Please make attached files as small (low resolution) as possible.

Description	File Name	File Size	Date Uploaded
Last Edited By:			

Use the Browse button and select the receipt documents that back up your claim amounts. Write a description of what you have attached. Click Save.

**Application**

**Attach File**

**Attach Scanned Invoices:**

Herbicide and commercial applicator receipts, salary records, and all other expenditures that you are requesting for reimbursement. To attach the documentation click on "Add" at the top.

Please make attached files as small (low resolution) as possible.

Upload File  No file selected.

Description:\*

Mark as Complete.

**Claim Receipt Documentation**  [Go to Claim Forms](#)

**Attach Scanned Invoices:**

Herbicide and commercial applicator receipts, salary records, and all other expenditures that you are requesting for reimbursement. To attach the documentation click on "Add" at the top.

Please make attached files as small (low resolution) as possible.

Description	File Name	File Size	Date Uploaded
test attachment	Large Address-2.label	07/09/2013	2 KB

Last Edited By: Kay Kim, 07/09/2013

Click "Preview" to view and if desired, print a copy of your claim.

Click the back button in the upper part of the screen to return to the submit screen.

Click "Submit" to send in your claim.

**Claim: TEST FY13 - 002** [Grant Components](#)

**Grant:** TEST FY13 -TEST Local Coop-Continuing FY13

**Status:** Editing

**Program Area:** AGR Noxious Weed Trust Fund

**Grantee Organization:** Kim's Org Group

**Program Manager:** Kim Antonick

**Instructions**

Please enter the period you are requesting funds for, and Claim Type (payment or reimbursement). Once these fields have been completed, click on "Save" and "Return to Components" to view and complete the other form(s) required to complete your request for payment.

**Components**

Complete each component of the Claim and mark it as complete. Click Submit when you are done.

Name	Complete?	Last Edited
General Information	✓	07/09/2013
Reimbursement	✓	07/09/2013
Claim Receipt Documentation	✓	07/09/2013

Click "OK" and your claim will be submitted.

Submitting the Claim will lock all sections from further editing. Have you completed all sections? Are you sure you are ready to submit this Claim?